



3257 Folsom Blvd, Sacramento, CA 95816
916-442-5891 / fax 916-442-4432

Patient Name: _____ SSN: _____ DOB: _____ Gender: _____
Address: _____ City: _____ State: _____ Zip: _____
Preferred Phone: _____ Alternate Phone: _____ Email: _____

Pick Up at Pharmacy Deliver to patient Ship to patient

Enroll in Auto-Refill and Medication Syncing: Yes No

Allergies: _____

Insurance: Commercial Plan Medicare Part D Medi-Cal Workers Comp

Package: Easy Off Cap Safety Cap Bubble Pack

Supply: 30 Days 90 Days

Medi-Cal number (14 digits): _____

RX BIN: _____ RX PCN: _____ ID: _____ RX Group: _____

** Pucci's Pharmacy staff will gladly and automatically help patients find copay assistance programs where eligible **

Current Pharmacy: _____ Current Pharm Phone: _____ Current Pharm Fax: _____

Primary Physician: _____ Other Physicians: _____

Primary Physician Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Current Medications (Rx Number, Med Name, & Strength)	Current Medications (Rx Number, Med Name, & Strength)

Fax completed forms to 916-442-4432 no cover page necessary